

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 582550

FILING DATE

6-9-2006

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1			1		
4		2		1		
5	1			1		
6	1	1		1		
7	1			1		
8	1			1		
9	1			1		
10	1	1		1		
11	1			1		
12	1			1		
13	1		0	1		
14	1		1			
15		1		1		
16	1			1		
17	1			1		
18	1			1		
19	0	1		1		
20	0	1		1		
21	0	1		1		
22	0	1		1		
23	0	1		1		
24	0	1		1		
25	0	1		1		
26	0	1		1		
27				1		
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48						
49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	25	←	24	←	←	
TOTAL CLAIMS	27		26			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						